

STATE OF NEW HAMPSHIRE
Department of Labor
Concord, NH 03301
WORKERS' COMPENSATION SELF-INSURANCE

QUESTIONNAIRE

Name of Self-Insurer _____

Address _____

Contact Name: _____ Fed. ID # _____

Email: _____ Telephone: _____

The following information is supplied for Labor Department use only for PAID workers' compensation benefits under NEW HAMPSHIRE LAW for calendar year _____ or your fiscal year that ended in calendar year _____.

Period covered: From _____ 20____ through _____ 20_____

1. 281-A: 23 Medical, Hospital and Remedial Care \$ _____

2. 281-A: 25 Vocational Rehabilitation _____

3. 281-A: 26 Compensation for Death

(a) Dependent Benefits \$ _____

(b) Burial Expenses \$ _____

Total (a) & (b) \$ _____

4. 281-A: 28 Compensation for Total Disability \$ _____
(Statutory payments only, please exclude supplemental sick leave benefits)

5. 281-A: 29 Adjusted Total Disability (If any) \$ _____

6. 281-A: 31 Compensation for Temporary Partial Disability \$ _____

7. 281-A: 32 Scheduled Permanent Impairment Awards \$ _____

8. 281-A: 37 Lump Sum Payments \$ _____

TOTAL (1 through 8) \$ _____

(Signed) _____

Title

Date